

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018054

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4015

STATE FILE NUMBER

FILED APR 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1355A Garrison

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First **Amanda** Middle **Lee** Last **Parker**

4. DATE OF DEATH Month **4** Day **6** Year **63**

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-15-06

9. AGE (last birthday)

56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Powell

13b. MOTHER'S MAIDEN NAME

Hattie Johnson

14. NAME OF HUSBAND OR WIFE

Katie Mae Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Katie Mae Simmons- 2738 Prairie Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

DUE TO (b)

Pulmonary Embolism

4200

DUE TO (c)

Congestive Heart Failure (Severe)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease & Atrial Fibrillation

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4-3-63** to **4-6-63** and last saw her alive on **4-6-63**
Death occurred at **9:13 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

4-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson's Cemetery

23d. LOCATION (City, town, or county)

St. Louis (County) Mo.

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home-2820 Stoddard St.

25. DATE RECD. BY LOCAL REG.

APR 9 1963

26. REGISTRAR'S SIGNATURE

Coal Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 **221**

3

4 **3**

5 **2**

6

7 **1**

8 **2**

9

10

11

12 **77-0**

13

77

INSTEAD OF

Missouri

St. Louis

1355A Garrison

St. Louis

Home G. Phillips

63 6 4

Parker

Lee

Neuro

From

Under

Shock

University Embalmer

STATEMENT BY LICENSED EMBALMER

(Severe) (Heart Failure) (Severe)

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

X or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

FD-3-A Licensed Embalmer No. 4198

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.